

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth noted.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 141  
Registered No. 163

1. PLACE OF BIRTH

County Gila State Ariz.  
District or Township Globe or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Roberto Gonzalez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child

male

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes.

7. Date

Aug. 10, 1930  
Month Day Year

8.

FATHER

Full name Antonio Gonzalez

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

mex.

11. Age at last birthday 30 (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

Mexico  
Laborer

14.

MOTHER

Full maiden name

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

mex.

17. Age at last birthday 22 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry

Mexico  
Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

3

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

3

0

0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 12:40 m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

T. C. Harper

Physician  
(Physician or Midwife.)

Given name added from  
a supplemental report

Month, day, year

Address

Filed

9/8

Dr. E. W. Williams

Registrar

Registrar

972-810-339